



Protective Life Insurance Company
Protective Life and Annuity Insurance Company
Post Office Box 2606
Birmingham, AL 35205
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Fax: 205-268-3169

INSURANCE AND ANNUITY
CHANGE OF INVESTMENT DEALER AUTHORIZATION
AND/OR BROKER OF RECORD CHANGE AUTHORIZATION

To Whom It May Concern:

Please consider this letter as authorization to change the investment dealer on my (our) Annuity/Life Insurance contract with PROTECTIVE LIFE INSURANCE. My Contract/Policy number is _____

from _____
(Old Broker Dealer's/Agent's Name)
to _____
(New Broker Dealer's/Agent's Name)

The broker of record on this Annuity/Insurance contract should be _____
(Investment Broker's/Agent's Name and Agent Number)

Transfer Authorization - The company will not be held liable for any loss, liability, cost or expense for acting on instructions.

- I/We authorize the Company to honor instructions from the Investment Broker to transfer account values among the investment options.

My (our) present address on the Contract/Policy is as follows:

Three horizontal lines for address input.

Sincerely,

Owner's Signature

Joint Owner's Signature

Date

Date